

ENFORCEMENT/COMPLIANCE ACTION SUMMARY

PR-ENF-046 (REV. 6/01)

INSTRUCTIONS: (Please see reverse for codes and instructions.)**A. ENFORCEMENT/COMPLIANCE ACTION TYPE and STATUS.** (Only one enforcement type or compliance group, per form.)

Date of Incident	Date of Action	Date Closed	Susp/Revok Date	Case Number (numeric only)	County
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Administrative Action (check only one):

- ☐ Administrative Civil Penalty (Agricultural)
☐ Administrative Civil Penalty (Structural)
☐ County Registration Suspended/Revoked
☐ Private Applicator Certificate Suspended/Revoked
☐ Restricted Materials Permit Suspended/Revoked

Referred for State Action: ☐ DPR ☐ SPCB ☐ OTHER

Judicial Action (check only one):

- ☐ Notice to Appear (Citation)
☐ Case Submitted to DA/Circuit Prosecutor
 follow up ☐ Civil Complaint Filed
☐ Criminal Complaint Filed

Compliance Actions (check all that apply):

- ☐ Cease and Desist Order
☐ Documented Compliance Interview
☐ Warning Letter/Violation Notice (VN)

Administrative Action Status (check one):

☐ Notice of Proposed Action (NOPA)**OR**

- ☐ Signed Stipulation ☐ Withdrawn
☐ Closed After Hearing ☐ Closed No Hearing

Action Reference:

DPR Priority Investigation #: _____

Worker Health and Safety (WHS) Case #: _____

District Attorney/Prosecutor Case #: _____

Other Case # or Inspection Date: _____

B. ACTION DETAIL. (Attach additional page(s) as necessary.)

SECTION(S) CITED (One per line)	PROPOSED		MODIFIED		DISMISSED (Check if dismissed)
	Fine (\$)	Suspension (days)	Fine (\$)	Suspension (days)	
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
Cont <input type="checkbox"/>					<input type="checkbox"/>

C. INDIVIDUAL/BUSINESS INFORMATION. If the individual is affiliated with a business or organization, you may complete both individual and business sections. Indicate whether the individual (IND) or business/organization (BUS) is being cited in this action by checking the appropriate 'respondent' box:

IND <input type="checkbox"/>	Last Name	First Name	M.I.	License Code	Individual License Number	Unregistered <input type="checkbox"/>
BUS <input type="checkbox"/>	Business/Organization Name			License Code	Business License Number	Unregistered <input type="checkbox"/>
Employment Code (see reverse)	SPCB Branch	<input type="checkbox"/> Operator ID #	<input type="checkbox"/> Restricted Materials Permit #	Private Applicator Certificate Number		

D. ACTIVITY/INCIDENT INFORMATION.***See Reverse for Codes**

PESTICIDE PRODUCT NAME(S)	PRODUCT REG. NUMBER	*Category	*Setting	*Activity
		Comment on Category/Setting/Activity:		
County Contact (please print):	Telephone			

PR-ENF-046 Codes and Instructions

Category for QAL/QAC & AG PCB licensees		Employment/Sector Codes	License/Certificate Codes
ANIMAL AGRICULTURE AQUATIC DEMONSTRATION AND RESEARCH FOREST HEALTH RELATED INDUSTRIAL INSTITUTIONAL LANDSCAPE MAINTENANCE PLANT AGRICULTURE REGULATORY RESIDENTIAL RIGHT OF WAY SEED TREATMENT SEWER LINE ROOT CONTROL WOOD PRESERVATION NO CATEGORY		COMMERCIAL COM (inc. FLCs, MGBs, PCBs, SPCOs) GOVERNMENT AGENCIES GOV GROWER GRO HOMEOWNER HOM (associations, apts., etc.) PRIVATE SECTOR PRI (hotels, motels, restaurants, golf courses, cemeteries) SCHOOLS SCH	INDIVIDUAL CODES: APPRENTICE PILOT CERTIFICATE AAP PRIVATE APPLICATOR CERTIFICATE PAC DEALER DESIGNATED AGENT DAL JOURNEYMAN PILOT CERTIFICATE AJP OPERATOR ID OID PEST CONTROL ADVISER PCA RESTRICTED MATERIALS PERMIT RMP QUALIFIED APPLICATOR CERTIFICATE QAC QUALIFIED APPLICATOR LICENSE QAL STRUCT. PEST CONTR. APPLICATOR RA STRUCT. PEST CONTR. FIELD REP. FR STRUCT. PEST CONTR. OPERATOR OPR VECTOR CONTROL TECHNICIAN VCT
Setting		Activity	BUSINESS CODES: FARM LABOR CONTRACTOR FLC MAINTENANCE GARDENER MGB OPERATOR ID OID PESTICIDE BROKER LICENSE PBL PEST CONTROL BUSINESS LICENSE PCB PEST CONTROL DEALER LICENSE PCD RESTRICTED MATERIALS PERMIT RMP STR. PEST CONTROL CO - PRINCIPLE PR STR. PEST CONTROL CO - BRANCH BR
AQUATIC FARM FOREST GOLF COURSE GREENHOUSE HQ/OFFICE HOME USE INDUSTRIAL INSTITUTIONAL LANDSCAPE MTN NURSERY RESEARCH RECREATIONAL REGULATORY RESIDENTIAL RIGHT OF WAY PUBLIC HEALTH SCHOOL STORAGE <i>OTHER</i>		ADVISING AERATING - field/structure APPLYING CHEMIGATING DISINFECTING DISPOSING FIELD WORKER ACTIVITIES (inc., harvesting, thinning, packing, pruning) FLAGGING FUMIGATING - struc/field/commodity IRRIGATING LICENSING MAINTAINING EQUIPMENT (e.g. cleaning/repairing) MIXING/LOADING PROCESSING/PACKING (Ag Commodities, not in field) RECORD KEEPING REGISTERING STORING TRANSPORTING <i>OTHER</i>	CODES for INDIVIDUAL or BUSINESS: NOT REQUIRED NR UNCERTIFIED UNC UNLICENSED UNL
SPCB Branch			
1 Fumigation 2 General Pest Control 3 Termite Control 4 Roof Treatment			

PART A. Complete all items. **Action Type** - For All **enforcement actions** (administrative, judicial, referral), **check only one per form**. For **compliance actions**, **check all that apply**. Do not report enforcement and compliance actions on the same form. **Case Number** - May be any county assigned number, although sequential numbers are preferred for Administrative Civil Penalties. This is a numeric field only; do NOT incorporate county names or special characters.

PART B. Enforcement actions: complete all items applicable to the status of the action. Compliance actions: complete section(s) cited only. **Suspension (days)** - The number of days (duration) of the suspension; record the beginning date in Part A. "Susp/Revok Date".

Part C. Complete all items. **Individual License # field:** Record the license number as listed on license or certificate. **Business License # field:** If the respondent is a licensed Ag. PCB, record the 10 digit number as printed on the business license (hq = 11111-00000; branch = 11111-00001) a licensed Structural Business, record as on license. **SPCB Branch field:** Record appropriate Branch number for individual or business licensees. **Operator ID/Restricted Materials Permit # field:** Check only one box. Record the entire number as issued (cc/yy/cc/#####). Leave blank if not applicable. **Private Applicator Certificate # field:** Must be the number issued to person listed on the individual line. If Respondent is a business, and RMP box is checked, list name and PAC# of permit holder. Leave blank if not applicable. **Unregistered Field: Check the box only if the individual or business is not registered in your county.**

PART D. Pesticide Product Name(s) and Product Registration Number(s): Record both if applicable. **License Category:** Required for QAL/QAC & PCB licensees. List only the category applicable to incident. If the respondent worked out of category, record remarks in "comments" field. **Setting** and **Activity** are required fields. If the appropriate terms are not listed on the back of the form for "setting" or "activity" record "other", then describe the activity or setting in the "comments" field. If the violation is for general record keeping, then setting is HQ/Office and the activity is record keeping.